

Oklahoma State Department of Health Information for FY-19 Budget Hearings			
Programs	Program Amount	Clients Served	Program Efficiency
Women, Infant and Children (WIC)	88,122,151	Serving average monthly caseload of 80,000 participants	The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high risk population. The program serves pregnant and postpartum Women, infants and children to the age of five; at or below 185% poverty level.
HPP and PHEP Cooperative Agreement	11,331,245	3.9 million citizens of the State of Oklahoma. The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of federal funding designed to help health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. The PHEP cooperative agreement also includes funding for the National Hospital Preparedness Program (NPP) which prepares the healthcare system to save lives through the development and sustainment of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together. Required activities include the development, revision and testing of local and state level public health and medical system emergency preparedness plans, programs and capabilities focused on strengthening emergency response in designated domains.	The PHEP/NPP cooperative agreement is a critical source of federal funding designed to strengthen health departments' abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and terrorist events.
School Based Surveillance - YRBS	JOYCE MARSHALL 64,391	Oklahoma public school students, grades 9-12, target population approximately 190,000 students, biennial survey approximately 1,500	
Personal Responsibility Program (PREP)	JOYCE MARSHALL 704,903	Middle and high school students in OKC and Tulsa counties, Out-of-home youth, Teen Pregnancy Prevention Specialists	
Oklahoma State Systems Development	JOYCE MARSHALL 113,190	Oklahoma MCH population - women, infants, children and adolescents, including those with special health needs. Approximately 1.8 million target population	
Tuberculosis Elimination and Laboratory Cooperative Agreement	1,854,003	In CY 2017, 54 cases of active tuberculosis (TB) were identified and received treatment; 1,219 Oklahomans were evaluated for latent TB infection. Statewide population benefits from TB prevention and control.	Public Health Laboratory tests >5,500 specimens annually for TB; Public Health medical staff provide case management, identify at-risk contacts for TB testing and preventative therapy.
Core Violence and Injury Prevention	235,787	The Oklahoma Core State Violence and Injury Prevention Program is a multifaceted program that works to increase statewide capacity for injury prevention and has four prescribed focus areas for injury prevention activities: traumatic brain injury, motor vehicle crashes, sexual violence, and child abuse and neglect. Clients served are, therefore, diverse and essentially cover the statewide population. Target populations of particular interventions include children aged 0-8 years, parents/caregivers of children aged 0-8 years, youth and young adults aged 10-24 years, youth sports participants and their parents and coaches, healthcare providers, leaders and policy makers, home visiting nurses, child-serving organizations, school boards and school staff, public health professionals, and injury prevention advocates.	Examples of outcomes include supporting the Oklahoma Injury Prevention Advisory Committee, expanding the Rape Prevention and Education Program by funding an additional community-based primary prevention program; supporting 62 county health departments as car seat check stations in the statewide child safety seat distribution program; and increasing the rate of helmet use among children 0-8 years and the rate of bicycle helmet use among children 0-14 years. The Injury Prevention Program is currently developing a surveillance system to collect detailed information on all injury-related fatalities among children 0-8 years and entry of all 2016 deaths; providing online resources and technical assistance for schools developing concussion-related return to play and return to learn policies, and offering community-based education and trainings on sports-related concussion prevention and management.
OK Opioid Overdose Surveillance	292,706	Clients served include the statewide population, with special attention to stakeholders that utilize drug overdose (specifically opioid overdose) data, including the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, Oklahoma Prescription Drug Workgroup, Oklahoma Department of Mental Health and Substance Abuse Services, prescribers, dispensers, regional prevention coordinators, county health departments, public health professionals, emergency medical service providers, mental health professionals, community advocates, lawmakers, and addiction specialists.	During FY17, the Injury Prevention Service responded to 3 data requests utilizing unintentional opioid overdose death data compiled and analyzed using OODSP funds. Reviewed and abstracted data on 196 unintentional opioid-related overdose deaths, including demographic information, decedent medical history, circumstances, and types of substances involved in the death. Reviewed 2,350 emergency medical service transports for suspected drug overdose (including prescription opioid and heroin overdose).
Violent Death Reporting	227,684	Clients served include anyone who utilizes the data collected by this surveillance system or is impacted by the programs and policies informed by the data, including public health professionals, law enforcement, allied professionals in prevention, the general public, researchers and students, mental health professionals, the medical community, media, lawmakers, and many others. For example, the Oklahoma Department of Mental Health and Substance Abuse Services estimates that they alone have distributed the data to over 6,000 individuals in the past year.	Calendar year 2017 surveillance on violent deaths included 710 suicide, 286 homicide/legal intervention, 5 unintentional firearm, and 50 violent undetermined deaths. Forty-eight data requests were completed and 18 data reports were posted to the OSDH website and distributed to Injury Prevention Service partners.
Family Planning	JOYCE MARSHALL 6,660,901	All men and women wishing to prevent, space, or achieve pregnancy. Services include preventive health exams, STD testing, breast and cervical cancer screening, contraceptive method of choice, infertility counseling, linkage with primary care, pregnancy testing and options counseling	
Abstinence Education	BETH MARTIN 1,455,683	The Oklahoma Abstinence Education Grant Program (OK-AEGP) provides opportunities for Oklahoma youth in elementary through middle school. An opportunity participate in positive youth development activities. Activities are provided through classroom based education, mentoring and parenting groups. Services are provided to local communities through the Request for Proposal (RFP) process and awarded annually.	

Project Launch			Clients Served: Target population of Project Launch is children 0-8 years of age, their families, and their caregivers. Additional project focus is on the Infant and Early Childhood System, including policies and workforce development.		
Newborn Hearing Screening	MELUSSA GRIFFIN	880,862	The Oklahoma Newborn Hearing Screening Program is a state mandated program that monitors newborn hearing screening for all 53,000 children born annually in Oklahoma.	The Oklahoma NHSP continued to implement and enhance statewide newborn hearing screening efforts. This included evaluating the Oklahoma NHSP progress regarding the National Early Hearing Detection and Intervention (EHDI) goals through analysis completed by the Quality Assurance/Data Coordinators; enhancing data collection opportunities to ensure children received recommended screening and follow-up services in accordance with national guidelines to reduce "loss to follow-up" for every current birth through the three components of the EHDI process (screening, diagnosis, and intervention); analyzing collected EHDI data and using the findings to guide the program and engage stakeholders; and strengthening the EHDI Information System (IS) by using and disseminating evaluation results.	
Immunization		216,321	The number of clients served is based on annual submission of the Population Estimate Survey (PES) which represents state-level Medicaid enrollment data for children under 19 years of age. CY2016: 997,451, CY2017: 1,002,484, CY2018: 1,012,060	Administrator federal VFC program supplying vaccines to > 840 Oklahoma healthcare providers to administer to eligible children to protect them from vaccine-preventable diseases.	
Viral Hepatitis Surveillance		7,512,320	Oklahomans who are infected with Hepatitis B and/or Hepatitis C viruses	Increased electronic laboratory reporting of hepatitis B and C test results from commercial laboratories (6) for improved timeliness and completeness of viral hepatitis surveillance.	
CDC Tobacco Program		351,072	The federal funds for tobacco control are meant to impact health outcomes for all Oklahomans. The funds provided by the CDC cannot be utilized for direct services with the exception of the Helpline. The funds are utilized to implement a comprehensive tobacco control program focused on population based strategies. The tobacco tax revolving funds are utilized to provide tobacco cessation counseling services through the Oklahoma Tobacco Helpline. These direct services are available for all Oklahomans. Additionally, the funds are used to fund 5 tribal nations, one Latino service contractor and one African American service contractor to provide population based comprehensive tobacco control programs.	* Decreased middle school cigarette use from 4.8% (FY13) to 4.1% (FY15). * Decreased high school cigarette use from 16% (FY13) to 14.6% (FY15). * Increased the proportion of Oklahomans that are not exposed to SHSE in the workplace from 85.2% to 89.9%. (BRFSS, 2016). * Increased the proportion of Oklahomans that were not exposed to SHSE in the home from 89.9% to 90.5%. (BRFSS, 2016).	
Early Hearing Detection		2,588,416	The Oklahoma Newborn Hearing Screening Program is a state mandated program that monitors newborn hearing screening for all 53,000 children born annually in Oklahoma.	The Oklahoma NHSP continued to implement and enhance statewide newborn hearing screening efforts. This included evaluating the Oklahoma NHSP progress regarding the National Early Hearing Detection and Intervention (EHDI) goals through analysis completed by the Quality Assurance/Data Coordinators; enhancing data collection opportunities to ensure children received recommended screening and follow-up services in accordance with national guidelines to reduce "loss to follow-up" for every current birth through the three components of the EHDI process (screening, diagnosis, and intervention); analyzing collected EHDI data and using the findings to guide the program and engage stakeholders; and strengthening the EHDI Information System (IS) by using and disseminating evaluation results.	
To Build and Strengthen Epidemiology, Laboratory and Health Information Systems		85,762	All Oklahomans (est 3.9 million population) benefit from surveillance of and response to communicable diseases of public health importance, including respiratory diseases, mosquito-transmitted infections, foodborne and waterborne illnesses, and vaccine-preventable diseases.	ELC federal grant supports electronic disease surveillance systems, new laboratory methodologies to detect outbreaks & emerging infectious disease threats, and strengthens outbreak response.	
Pregnancy Assistance	JOYCE MARSHALL	1,467,970	Tulsa and OKC public schools, Secondary students in 10th-12th grades who are parenting or pregnant, families of pregnant and parenting youth, pregnant and parenting students at self-selected colleges in OKC and Tulsa, pregnant and parenting youth seeking clinical services at OCCHD or TCCHD, staff who work parenting teens and young adults		
Primary Care		1,342,438	We provide services that affect the rural and underserved populations, which equals 1,166,000 in Oklahoma	Primary care needs analysis that identifies critical areas of health professional shortages; Securing additional federal resources including loan repayment and scholarship awards for health care providers serving in health professional shortage areas	
Community Based Child Abuse Prevention (CBCAP)	BETH MARTIN	132,850	Target Population includes Parents (all, new, teens, etc); Parents and/or children with disabilities; Racial and ethnic minorities; Members of underserved populations; Unaccompanied homeless youth; and those at risk of being homeless; Unaccompanied homeless youth; and Adult former victims of child abuse & neglect or domestic violence. Oklahoma utilizes the majority of CBCAP funds to support existing level IV programs and to provide infrastructure to other programs, including such things as: training opportunities; building state systems (like the Oklahoma State Plan for the Prevention of Child Abuse and Neglect); collaboration with other systems, programs and agencies and serving as the lead for all things primary prevention. CBCAP funds are allotted to each state based on the following criteria: 70% based on number of children under age 18 residing in each state and 30% based on the amount of private, state, or other non-federal funds leveraged and directed through the currently designated lead agency in the preceding fiscal year.		
Enhanced Tobacco Quitline		904,085	The CDC Quitline Enhancement provides services for all Oklahomans but there is a specific focus on the populations that are disproportionately affected by tobacco dependence. The funds are utilized to make sustainable health system changes to incorporate evidence based practices within the system to ensure all people are provided tobacco treatment interventions.	35,079 tobacco users registered for services by calling the 1-800-QUITNOW telephone number, registering online or through referral from a healthcare provider.	

Child Lead Poisoning Prevention		233,666	The Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP) maintains all blood lead surveillance for the state of Oklahoma. The Program receives blood lead tests for approximately 50,000 children in the target screening ages (6 months to 72 months) per year. The program also receives approximately 20,000 blood lead test results for other age groups. The program provides case management and follow-up services for children up to 72 months of age who have blood lead levels of 5 micrograms per deciliter or greater.	The program passed new Board of Health Rules emphasizing that Oklahoma is a universal screening state, which means that ALL children SHALL receive blood lead screening at 12 months and again at 24 months. The OCLPPP provided training to providers through a collaborative partnership with the Oklahoma Care Auditor to promote this information and conducted outreach activities with medical providers to notify them of the rule updates. It is expected that this rule change and outreach information will increase blood lead screening from the current low of approximately 30% of eligible children, to at least 30% initially, with subsequent increases as additional outreach activities are conducted. The program's change to a new surveillance system increased electronic lead reporting from a low of 65% to almost 90% at the end of the year.
1305 PPHF Diabetes, Heart, Obesity		552,253	All students and staff of schools across the state of Oklahoma. All children and staff of Early Childhood Educational Centers across the state of Oklahoma. All employed individuals across the state of Oklahoma through Worksite Wellness programs. Estimated number of clients served 250,000+.	422,182 children, youth and employed adults were covered by a wellness policy (physical activity and nutrition)
1305 Non-PPHF Diabetes, Heart, Obesity		458,989	All students and staff of schools across the state of Oklahoma. All children and staff of Early Childhood Educational Centers across the state of Oklahoma. All employed individuals across the state of Oklahoma through Worksite Wellness programs. Estimated number of clients served is 250,000+.	422,182 children, youth and employed adults were covered by a wellness policy (physical activity and nutrition)
1422 Component 1 - Diabetes, Heart Disease		3,712,305	Estimated number of clients served is 500,000.	41 community locations that implemented nutrition and beverage standards and 119,879 citizens impacted by the change. 118 community venues that promote physical activity, and 183,096 citizens with access to opportunities for physical activity. 4 communities developed walking and pedestrian plans with 137,949 citizens impacted.
Prevent Block		1,573,091	Entire state served with specific target populations that include: disparate race and ethnicity populations, public health workforce, teenagers at risk for unintended pregnancy, infants and parents.	Reduce motor vehicle crash-related deaths; Increase the proportion of State and local public health agencies that have implemented an agency-wide quality improvement process; Prevent an increase in fall-related deaths; Prevent an increase in poisonings deaths; Establish, maintain, and promote a digital library for OSDH central office and county health department employees on the OSDH intranet site; Offer and maintain cloud-based video conferencing system trainings for OSDH and OSDE county health department employees so records are archived for instant access at any time, providing the most accurate and immediate public health information; Maintain a comprehensive motor vehicle-related injury prevention program that includes implementation and support of child safety seat distribution and education programs.
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Formula Grant	BETH MARTIN	6,349,850	Supports evidence-based home visiting programs in Tulsa and Oklahoma Counties	
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovative Grant	BETH MARTIN	1,592,566	Supports evidence-based home visiting	
Breast & Cervical Cancer (1701)		2,946,426	The Breast and Cervical Cancer Program (also known as the Take Charge!) provides free breast and cervical cancer screening and limited diagnostic services for program eligible women. The general eligibility guidelines include: Oklahoma woman who is low income (185% of current federally poverty level) and uninsured or underinsured. The priority population for breast cancer screening is women 50 years of age and older. The priority population for cervical cancer screening is women 35 years of age and older. For every \$3 federal dollars spent, \$1 dollar is spent on the Take Charge! Program. Women are considered eligible for the program if they are eligible for other program before providing services through the program. Take Charge! began screening in 1995. Approximately 68,602 women have been screened through the program to date, and among those approximately 530 breast cancers have been diagnosed and approximately 38 cervical cancer have been diagnosed.	A total of 2,809 women were eligible for services through Take Charge! Of these eligible women, 2,083 women were provided services using only federal funds in FY 2017. The Oklahoma Central Cancer Registry has received the gold certification from the North American Association of Central Cancer Registries(NAACCR). This certification is based on quality, completeness and timeliness of data collected for 1997- 2014.
Ryan White		22,062,510	Low income Oklahomans who are HIV-infected.	Eligible clients receive one or more of the following: medications, insurance premiums, co-pay assistance, HIV case management, dental services, laboratory services, transportation to medical appointments, and mental health and substance abuse services.
HIV Prevention		2,163,143	Persons at high-risk for sexually-transmitted diseases (STDs); those under 30 yrs of age, African American and Hispanic populations, men who have sex with men, and injection drug users.	2,223 patients screened for HIV; 92% of patients with positive HIV tests located to conduct case-contact interview, provide prevention counseling, and refer for treatment & care.
HIV Surveillance		687,256	Maintaining effective surveillance for HIV is integral for disease prevention and control; therefore, all Oklahomans at risk of HIV transmission benefit. As of 12/31/2016, 5,954 Oklahomans were living with HIV or AIDS; 55% were aged 40-59 years. In CY2016, 295 newly diagnosed cases of HIV were reported and investigated.	98.5% of newly diagnosed cases of HIV reported to OSDH within 6 months of diagnosis; Increase completeness of CD4 cell count and viral load tests reporting to 85% to monitor and increase retention in care.
Pregnanc Risk Assessment	JOYCE MARSHALL	116,951	Oklahoma infants and women of childbearing age (15-44 years). Estimated target populatioin 820,840. Annual sample approximately 2,500	

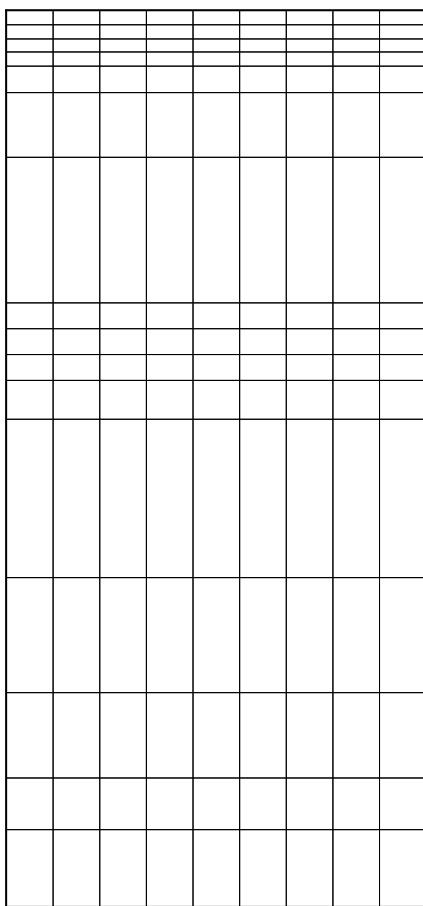
STD Prevention		3,293,731	All Oklahomans at high-risk to acquire a sexually-transmitted disease (STD), including women under 26 years of age, persons of both genders with multiple sex partners, partners to someone infected with a STD, injection drug users, and men who have sex with men.	Approx 850 syphilis cases and 5,278 sexual partners received partner services/testing/treatment. Investigated/provided partner services for 332 gonorrhea cases and 1,438 partners.	
Mother and Child Health (MCH)	JOYCE MARSHALL	8,433,751	Pregnant women, infants, children ages 1-22 years old, other (including fathers and women and men of reproductive age)		
Children First	BETH MARTIN	6,595,640	Children First is the Oklahoma Nurse Family Partnership home visiting program that serves first time mothers, enrolled before 26 weeks gestation to the child's 2nd birthday.		
Genetic Counseling Licensure		4,650	Licensed Genetic Counselors	The Oklahoma State Department of Health had 88 licensed genetic counselors during FY17.	
Licensure Health Facilities		1,713,883	Clients Served for Facility Services Division includes all licensed and certified hospitals and consumers of those hospitals; Ambulatory Surgical Centers and surgery patients, and Workplace Drug and Alcohol Testing Facilities and employees and employers who utilize the services of such facilities. Additionally, licensure services for long-term care facilities serve an estimated 35,780 residents, their families, friends, advocates, facility staff and operators of 693 Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Facilities, Residential Care Facilities, Adult Day Care and Veterans Centers.	Facility Services Division conducted 159 surveys & complaint surveys, issued 380 licenses which involve 17,669 beds. The Long Term Care Service conducted 3,537 investigations. In addition, OSDH received and processed 1,260 complaints and 46,538 incident reports. Services provided Action performed by the Health Resource Development Service include the following: Nurse aides certified, 12,063; Nurse aide certifications, 25,954; Nurse aide renewals, 1,000; Program Administrators Certification Renewals, 196; Program administrators certified, 1; Program Care Administrators Certification Renewals, 833; Certified workplace medical plans certification renewals, 2; Certified workplace medical plan annual inspections, 5; Long term care facility licenses issued and renewed, 896; Certificate of Need for nursing facilities issued & exemptions, 48; Certificate of Need for psychiatric facilities issued, 4.	
Home Health Care		208,250	Patients receiving Home Health services and all Home Health agencies in the State	Total number of surveys completed were 205, total licensed agencies were 374 with 518 additional branches. There were 302 deficiencies cited. With 2.4 deficiencies cited per survey.	
National Background Check		1,521,991	In excess of 1,000 Nursing, Adult Day Care, Residential Care, Assisted Living and Continuum of Care facilities; Home Health and Hospice agencies; home and community based waivered service providers; the staffing agencies and independent contractors support them; and the staff seeking employment.	Connected Applications, 33,112; New Fingerprints Collected, 26,599; Total Applications, 59,711; Ineligible Background Checks Completed, 331; Appeals Granted, 96; Appeals Denied, 51; Applications with In State Charges, 2,991; Applications with In State and Out of State Charges, 823; Applicants with Out of State Charges, 1,491; Monitored Records, 521; Monitored Record Disqualifications, 51;	
HCA Civil Monetary Penalty		2,786,532	Potential clients are approx 300 nursing homes and 19,000 nursing home residents in Medicare and/or Medicaid certified nursing homes (skilled & long-term care)	7 projects funded to benefit ~9,500 nursing home residents among ~150 participating; nursing homes; composite score improved from 9.5 to 8.8; ~150 nursing homes participating	
Trauma Care Assistance		22,081,972	The Trauma Fund supports the public health safety net that provides appropriate emergency medical care to severely injured patients. Oklahoma-licensed physicians, hospitals and EMS agencies are eligible for reimbursement for uncompensated major trauma care expenses.	Based on reporting to the Trauma Registry, care was provided to 7053 patients that met reporting criteria. Reimbursement was distributed to 61 EMS agencies, 76 hospitals and 650 physicians.	
Heirloom Birth Certificates	BETH MARTIN	122,000	Heirloom Funds are utilized to provide trainings for home visitors providing home visitation services to families with children birth to 13, first time mothers and prenatal to three. Trainings are open to all home visitation programs serving these populations throughout Oklahoma.		
EMI Death Benefits		20,000	Designated beneficiaries of personnel who die in the line of duty are paid by the Department a \$5,000.00 benefit.	1 payout to a surviving spouse.	
Rural EMS		1,263,385	Any certified or licensed EMS agency, approved training institutions, approved dispatch agencies, medical directors, ems personnel, or associations or sponsoring organizations. Expenditures are limited to statutory approved purposes. (O.S.63-1-2512.1)	FY17: 12 contracts - Maximum contracted amount - \$1,147,060.44	
Dental Loann Payment		791,740	Medicaid clients dependent upon the State for dental care, predominantly children; New dentists receiving assistance with dental school loan repayment		
Oklahoma Athletic Commission		435,232	Professional Boxers, Elimination, Tournament Participants, Seconds Professional Mixed Martial, Artists, Amateur Mixed Martial Artists, Promoters, Vendors, Timekeepers, Matchmakers, Referees, Judges, Announcers, Professional Wrestlers	1800 Combat Sports Licensees and 270 Commission Sanctioned Combative Sporting Events.	
Jail Inspection		178,380	131 County, City, and Ten Day Lock-up detention facilities housing approximately 12,000 inmates.	FY17: annual Inspections=134; complaints and incidents reports received = 274; complaints and incidents reports worked = 147; revisits conducted = 72; Detention officers tested = ~2,500; facility tests administered = ~270.	
Long Term Care		11,094,403	An estimated 35,780 residents, their families, friends, advocates, facility staff and operators of 693 Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Continuum of Care Facilities, Assisted Living Facilities, Residential Care Facilities, Adult Day Care and Veterans Centers.	FY17: The total number of facilities for Long Term Care was 688 consisting of 45,419 licensed beds. The Long Term Care Service conducted 3,148 investigations. In addition, we received and processed 1,054 complaints and 49,072 incident reports.	
Quality Improvement and Evaluation		343,353	National Practitioner Data Bank Reporting: The DHHS National Practitioner Data Bank; individuals and entities who are reported with sanctions, and health care providers who use the system to conduct queries on providers and individuals. Quality Assurance & Data Systems: Protective Health Services Program surveyors and staff, CMS project managers, software vendors and other public and private entities that use ASPEN, ACO, AEM, CMSNet and the QIES Data System and require support in QA activities. Minimum Data Set (MDS): Nursing facilities and staff; Swing bed hospital providers; privately owned software vendors; State Medicare and Medicaid surveyors; other State and Federal agencies; clients of Medicare and Medicaid facilities. Outcome Assessment and Information Set (OASIS): Medicare certified home health agencies and staff; privately owned software vendors; State Medicare surveyors; miscellaneous other State and Federal agencies; and clients of Medicare agencies.	Surveyors and Staff Supported,200+ QA Projects, 5; MDS Trainings, 12; MDS Training Participants, 485; MDS HelpDesk contacts, 959; OASIS Trainings, 2; OASIS Training Participants, 179; OASIS HelpDesk contacts, 450	

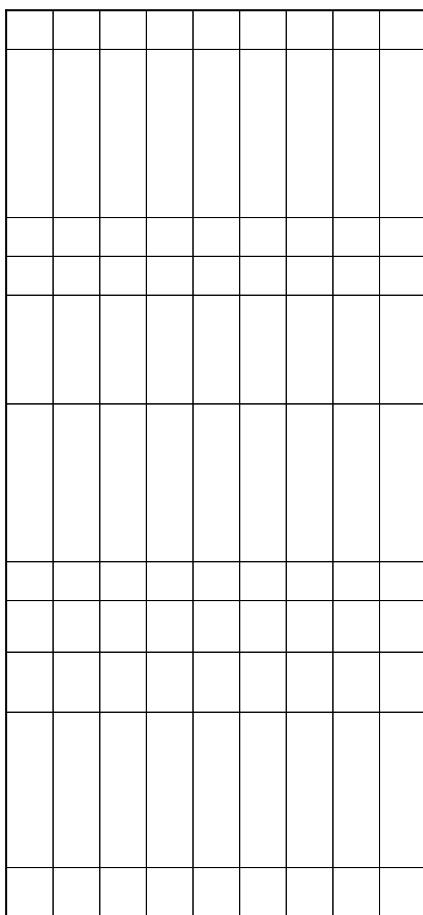
Tribal Liaison		311,555	<p>Internal Customers: OSDH leadership, deputy commissioners, regional health directors, program managers and staff External Customers: Tribal leaders, health directors, public health authorities, state and federal agencies, health boards, and community partners</p> <p>The primary function of this office is to promote government to government relationships with Oklahoma's 39 tribal sovereign nations. The office assures compliance with the OSDH Tribal Consultation Policy, promotes opportunities for OSDH staff to establish their own relationships with key stakeholders within Oklahoma's complex Indian health system, establishes cultural competency training for OSDH staff, develops methodology to evaluate the performance of the Office and all sub-contractors, and provides technical assistance to county health department administrators, accreditation coordinators and state office staff. The Tribal Liaison is the first point of contact for tribal nations. This office conducts or participates in tribal leader visits, tribal nation site visits, service unit meetings as needed; participates in state and federal tribal consultations, facilitates linkages between other state agency tribal liaisons; aids in recruiting Native American stakeholders across a broad range of public health issues.</p>	<p>Increase mutual understanding among Tribal Nations & OSDH to inform American Indian (AI) health decisions - 85% of Tribal Public Health Advisory Committee (TPHAC) members express mutual understanding & collaboration satisfaction with OSDH; Collaborative efforts among Tribal Nations, community partners, & OSDH are generally effective - 41% of tribal partners or relevant organizations incorporate with OSDH on public health initiatives; Communication, knowledge dissemination & awareness that CTL & OSDH exist as trusted resources - 75% of internal & external customers indicate OSDH provides open communication & is a good role model for tribal-state collaborations; Increased cultural intelligence knowledge & skills within OSDH workforce - 65% of internal customers who sought consultation on how to effectively collaborate with Tribal Nations indicate increase in knowledge & skills</p>	
Oklahoma Birth Defects (OBDR)		137,832	<p>The Oklahoma Birth Defects Registry is a statewide, active population-based surveillance registry that monitors the state's 53,000 annual births.</p>	<p>The program continued to enhance birth defects surveillance through increasing the number of records remotely accessed, and increasing the proportion of cases identified prenatally through external collaborations. The program revised the program policy and procedure manual as well as transitioning from utilizing ICD-CM-9 discharge codes to ICD-10-CM discharge codes. The OBDR was able to link children with critical congenital heart defects to pulse oximetry screening results reported to the newborn Screening Program allowing for the opportunity to develop reports and target education to birthing hospitals. The program also expanded referral for services to include children identified with cytomegalovirus and neural tube defects. The program also developed and provided education to midwives across Oklahoma regarding pulse oximetry screening for critical congenital heart defects.</p>	
Child Guidance	BETH MARTIN	1,589,175	<p>The population served through the Child Guidance Program is children birth to 13 years, their families and caretakers</p>		
Hepatitis		88,753	<p>Oklahomans at high-risk to acquire hepatitis B and/or hepatitis C</p>	<p>Increased electronic laboratory reporting of hepatitis B and C test results from commercial laboratories (6) for improved timeliness and completeness of viral hepatitis surveillance.</p>	
TSET Wellness - Tobacco Control and PAN		1,156,277	<p>49 TSET Healthy Living Program (HLP) grantee organizations covering 63 counties and reaching 94% of the state's population as well as the Health Systems Initiatives (HSI) grantees</p>	<p>Completed 492 requests for technical assistance and reviewed 709 local wellness policies</p>	
FitnessGram		75,937	<p>92,144 current clients served (FY16-FY18). Clients are public school students.</p>	<p>48,875 students completed the assessment</p>	
Leukemia		50,000	<p>Persons diagnosed with leukemia or lymphoma.</p>	N/A	
Organ Donor Awareness		130,000	<p>The campaign reached more than 650,000 households and resulted in 1,471,549 media impressions in FY-17. Overall in Oklahoma, there are 116,257 candidates on the national organ transplant waiting list, and about 60% of them are Oklahomans.</p>	<p>58% of the OK population or 1,649,580 adults have the little red heart on their license or identification card.</p>	
Rape Prevention		428,038	<p>Clients include youth and young adults aged 13-24 years (served in middle and high schools, vocational and university settings, youth groups, tribes, and other locations), school and university staff, staff who work with youth, family members of youth, community members in the contracted communities, and Oklahoma Prevention Leadership Committee members and their constituencies;</p>	<p>Five contracts with community-based domestic violence/sexual assault service providers for FTE to provide evidence-based primary prevention activities, interventions, and programs in organizations serving youth and young adults, in order to decrease sexual and dating violence. Total student reach was over 13,250 students.</p>	
Drug Overdose		1,691,710	<p>Clients served include the statewide population, with special attention to prescribers and dispensers of opioids in Oklahoma; high-risk counties (identified by a combination of overdose deaths, hospitalizations, and high-prescribing rates); stakeholders that utilize drug overdose data, including the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC), Oklahoma Prescription Drug Workgroup, Oklahoma Department of Mental Health and Substance Abuse Services, regional prevention coordinators, county health departments, public health professionals, mental health professionals, community advocates, lawmakers, and addiction specialists.</p>	<p>In FY17, Through partial funding from the Injury Prevention Service, the OBNDDC successfully transitioned to a vendor-hosted system with Apprise. This transition included improved registration data for registrants and improved linking of providers and delegates. The new PMP system included an important clinical tool as part of the dashboard, calculation of morphine milligram equivalents for opioid. Injury Prevention Service identified high-risk focus areas and developed a partnership with practice facilitators and practitioners in the high burden communities. The Injury Prevention Service responded to 46 data requests, 24 requests for a total of 13,050 copies of printed educational materials, 13 media requests, and 19 presentations to 781 individuals regarding prescription drug overdose and prevention efforts.</p>	
HIT - Meaningful Use		882,684	<p>All citizen</p>	<p>Implementation of an interoperability system to provide a method for health care providers to submit near real time, standardized, and quality public health data including immunizations, reportable disease lab results and case reports, and cancer case reports; link health and human services records across state agencies to identify duplication of effort, evaluate treatment and services outcomes, and to support policy decisions; develop a Child and Adolescent record to support data driven decisions regarding HHS services to the youth of Oklahoma; and develop a provider directory to inform work force development strategies to improve access to care.</p>	

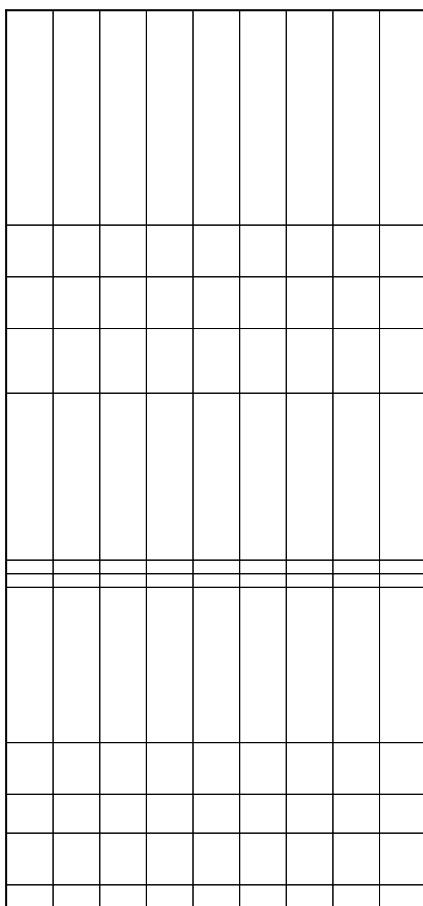
Quality Improvement			Internal Customers: Senior Leadership, deputy commissioners, regional health directors, program directors, program managers, and all agency staff	Develop an operational dashboard of at least one metric per each service unit and program to include metrics and targets; Develop a culture of continuous quality improvement through integrating and sustaining QI activities; Stand up Quality Improvement Council to act as the agency's steering committee for its continuous Quality Improvement efforts; Develop an Oklahoma specific assessment tool to assess the organization areas of strength, weakness, and opportunities; Conduct assessment of OSDH including the central office and services provided to the county health departments utilizing the assessment tool; Analyze data to identify areas of focus, eliminate duplication, gaps in coverage/services, and maximize resources, and develop a framework to address opportunities for improvement.	
The Center for Health Innovative & Effectiveness (CHIE)		268,987			
		1,718,109	Statewide services offered, primarily focused on the uninsured or underinsured populations, health care provider shortage areas and medically underserved areas.	Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74%; Reduce heart disease deaths by 11% by 2020; Reduce by 20% the rate, per 100,000 Oklahomans, of preventable hospitalizations (from 2014 to 2019) (data); Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74% by 2019. (Update 2015: 68.51%); Create a system of outcome driven healthcare that supports patients and healthcare providers in making decisions that promote health by emphasizing preventive and primary care and the appropriate use of acute care facilities.	
Partner Engagement		1,287,688	Entire state of Oklahoma	Oklahoma & Community Health Improvement Plans (OHIP & CHIPs); Decrease teen births and infant mortality; Improve overall immunization compliance; Develop official statewide partnerships to provide funds, training, and resources for Community School Health (WSC) to provide services across the state; Provide technical assistance and support to 70 community coalitions across the state; Provided technical assistance and support to Certified Healthy Oklahoma program, CDC 1402, and community hospital needs assessments; Partnership engagement with OUIHC College of Public Health, Oklahoma Alliance for YMCAs, and Alzheimer's Association, Oklahoma Chapter; Completed statewide Health Impact Assessment (HIA) on Four Day School Week and Impact on Academic Performance, Food Insecurity, and Juvenile Crime; Assist with the development and coordination of the Annual Turning Point Conference & Policy Day with 365 attendees.	
Minority Health		328,498	Entire state of Oklahoma	Office of Minority Health projects 60 Spanish interpretations and 50 written translations.	
ASTHO Contract		138,695	Choctaw Nation members with high blood pressure who access pharmacy services at the tribal health center in McAlester.	Thirty (30) patient visits took place at the Pharmacy Hypertension Clinic during the month of January; 18 were initial visits and 12 were follow-up visits. Of the 12 follow-up visits, 10 reduced their blood pressure and had adhered to their treatment plan while three (3) had controlled blood pressures.	
Ardmore Institute of Health		30,121	300 OSDH employees will participate in a worksite wellness program funded by the Ardmore Institute of Health; The program focuses on increasing physical activity levels.	N/A	
		240,430,790			
ISD Data Processing					
Women, Infant and Children (WIC)		2,643,502			
HPP and PHEP Cooperative Agreement		642,356			
School Based Surveillance - YRBS		609			
Personal Responsibility Program (PREP)		751			
Oklahoma State Systems Development		4,297			
Tuberculosis Elimination and Laboratory Cooperative Agreement		64,101			
Core Vital Signs and Injury Prevention		3,584			
OK Health Outcome Surveillance		62,267			
Violent Death Reporting		6,924			
Family Planning		108,375			
Alcoholism Education		8,033			
Project Launch		19,473			
Newborn Hearing Screening		2,137			
Immunization		581,196			
Viral Hepatitis Surveillance		41,816			
CDC Tobacco Program		37,179			
Early Hearing Detection		64,238			

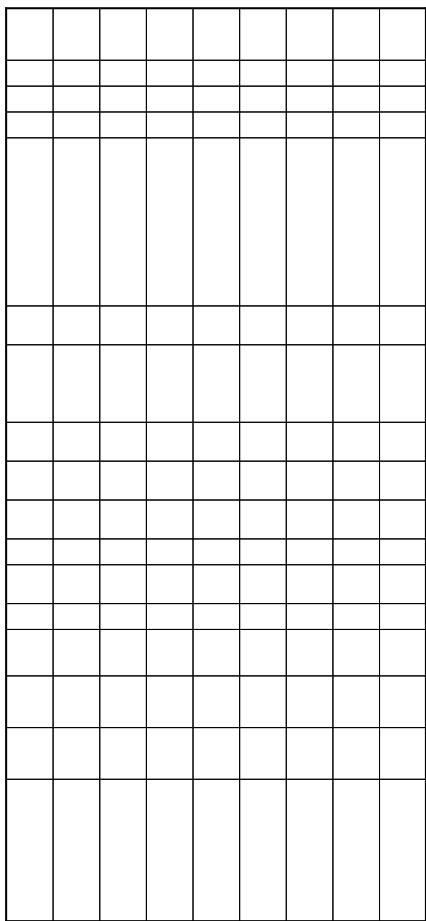
To Build and Strengthen Epidemiology, Laboratory and Health Information Systems	333,819
Pregnancy Assistance	2,812
Primary Care	6,886
Community Based Child Abuse Prevention (CBCAP)	6,092
Child Lead Poisoning Prevention	6,255
1300 MPH Diabetes, Heart, Obesity	22,068
1300 MPH Diabetes, Heart, Obesity	13,271
1422 Component 1 - Diabetes, Heart Disease	59,737
Prevent Block	21,444
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Formula	28,033
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Innovative	1,999
Breast & Cervical Cancer	120,949
Ryan White	146,055
HIV Prevention	53,914
HIV Surveillance	17,151
Pregnant Risk Assessment	5,535
STD Prevention	190,157
Mother and Child Health (MCH)	165,335
Child Tax Credit	162,469
Licensure Health Facilities	78,411
Home Health Care	13,409
National Background Check	72,862
HCA Civil Monetary Penalty	3,254
Trauma Care Assistance	295,739
Dental Loan Payment	8,752
Oklahoma Athletic Commission	6,047
Early Foundation	5,248
Jail Inspection	12,610
Long Term Care	537,098
Public Health Accreditation	26,850
Quality Improvement and Evaluation	80,563
Recovery Evaluation & Support	165,174
Triad to Care	8,995
Oklahoma Birth Defects (OBDR)	2,532
Child Guidance	167,955
Hepatitis	3,895
TSET Wellness - Tobacco Control and PAN	75,425
FitnessGram	81,001
Rape Prevention	9,771
Drug Overdose	27,600
HIT - Meaningful Use	2,843,256
Quality Improvement	7,103
The Center for Health Innovative & Effectiveness	41,816
Partner Engagement	37,699
Minor Injury	11,735
ASTHO Contract	1,395
Ardmore Institute of Health	1,76
TOTAL	10,287,783

- FY-19 program totals include State, Federal, and Revolving funds and FY-19 Appropriation Request.









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Conducted/have planned 64 emergency preparedness drills and exercises, funded the Oklahoma RMRS to support 7 affiliated regional HCCs in 8 designed homeland security regions, funded state health department and 70 local health department's preparedness planning activities, funded program administration/ongoing development of the Oklahoma Medical Reserve Corps comprised of 5,580 volunteers, and funded development/maintenance of local and state level public health and medical system emergency preparedness plans.

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Outcomes are again projected to be wide-ranging and will likely include the following examples: supporting the Oklahoma Injury Prevention Advisory Committee; maintaining community-based primary prevention of sexual violence; collecting 2017 early childhood injury fatality data and identifying new applications for the data that inform programs and policies to reduce child abuse and promote injury prevention; expanding sports-related concussion trainings for the community by partnering with Parks and Recreation; and maintaining or increasing the statewide child restraint usage rate by leveraging partnerships/resources and acquiring additional car seats for the installation program by requesting federal funds in carryover.

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As required by the CDC, the Immunization Service is conducting quality assurance (compliance) visits of 50% of its VFC provider sites (over 415 provider sites). The Program remains focused on evidence-based quality improvement projects to increase vaccination rates. FY18 represents Year 5 of the Program's child care quality improvement project; staff will conduct audits at 692 child care centers throughout the state. Approximately 125 healthcare provider sites have been assessed using AFIX protocols.

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The CDC Tobacco Core Grant does not function on a state fiscal year. The outcomes presented below are representative of work completed by federal funds from April 2015 to March 2016. During this reporting period the OSDH accomplished the following outcomes:

- * Increased from 192 to 276 the number of schools that implemented a tobacco free policy including electronic cigarettes/vapor products. This will result in increased protection from exposure to e-cigarettes as well as address social norms related to "vaping" in public places.
- * Provided support and guidance for schools that needed to update their tobacco policies as the 24/7 Tobacco Free Schools law was put into place August 2015 requiring all schools to be tobacco free.
- * Prevalence of tobacco use among middle school students decreased from 9.8% to 8.1% (OTYS, 2015).
- * Reduced the proportion of workers exposed to secondhand smoke exposure (SHSE) indoors from 13.7% to 11.7% (2014 - BRFSS Data)
- * Decrease in the proportion of Oklahoma adults that are exposed to SHSE in their home from 11.6% to 9.8% (AYTS, 2013).
- * The following voluntary tobacco free policies were passed: 375 worksites; 22 universities; 23 career technology centers; 10 faith based organizations; 24 hospitals; 12 state agencies; 9 tribal nations and 56 local government policies. These policies provide additional protection from SHSE and increased access to cessation insurance benefits.
- * The proportion of Oklahomans who think SHSE is very harmful increased from 65.1% in 2010 to 66.8% (BRFSS, 2014).
- * Increase in the proportion of Oklahoma adults that report a smoke free home policy from 80.4% to 83.7% (BRFSS, 2014).
- * Increased the proportion of current smokers that have made a quit attempts increased from 58.2% to 61.4% (BRFSS, 2014). This as a result of Oklahoma Tobacco Helpline media, health systems change work, tobacco cessation trainings, increased utilization of evidence based tobacco dependence treatments.
- * The OKC Public Housing Authority went completely tobacco free and implemented a policy that went into place in FY16. The policy impacted 6 senior centers, 4 complexes with more than 1300 units. This will protect individuals from SHSE in their homes.
- *Increased the proportion of Oklahomans that are not exposed to SHSE in the workplace from 85.2% to 89.9% (BRFSS, 2016).
- *Increased the proportion of Oklahomans that are not exposed to SHSE in the home from 89.90% to 90.5% (BRFSS, 2016).

FY-17

Tobacco Tax Revolving Funds: The following outcomes were achieved with tobacco tax revolving funds:

- * In FY17 the OSDH had a total of 2,500 Certified Healthy Oklahoma applications with 2,305 being certified. Of the 2,305 there were 1,350 organizations (a combination of businesses, campuses, communities, congregations, schools, early childhood education centers) certified at the Excellence level.
- * There were 1,350 Certified Healthy organizations that submitted a tobacco free policy including e-cigarettes/vapor products indoors and outdoors.
- * The Tobacco tax revolving fund provided tobacco cessation telephone counseling to 10,097 Oklahomans in FY17.
- * In FY17 over 35,000 Oklahoma tobacco users utilized the Oklahoma Tobacco Helpline for services such as phone, web, text, email and nicotine replacement therapy to assist their quit attempt.
- * The Center funds 5 tribal nations (Cherokee Nation, Chickasaw Nation, Cheyenne and Arapaho Tribes, Choctaw Nation and Muscogee Creek Nation), one Latino service contractor and one African American Service contractor – these groups are known as the MPOWER grantees. These organizations are implementing tobacco free policies to reduce secondhand smoke exposure, increase cessation insurance benefits, and increase access to tobacco addiction treatment.
- * The tribal nations are currently working towards implementing tobacco free policies within the entire tribal nation.
- * The MPOWER grantees are working within the healthcare systems to incorporate evidence based practices for tobacco dependence treatment. Once implemented the OSDH will be able to determine how many Helpline referrals are being sent as well as acceptance rates for treatment from the Helpline.

Tobacco State Money:

- * The OSDH utilized the state money to fund a minimal amount of personnel who provide technical assistance to various organizations on adopting and implementing tobacco control policies. In addition, OSDH created 85 tobacco cessation dashboards for the County Health Departments.

FY-18 projected

- * Increase in worksite tobacco free policies including tobacco cessation benefits.
- * Increase in Certified Healthy applications and certifications.
- * Increase in public housing authority smoke free policies.
- * Maintain the number of counseling sessions paid for by the tobacco tax and federal funds.
- * Increase the number of MPOWER direct referrals to the Helpline and the number of tobacco free policies.
- * Increase the number of school policies that include e-cigarettes/vapor products.

OSDH has created 85 tobacco cessation dashboards for the County Health Departments.

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The Oklahoma NHSP seeks to improve timely follow-up and documentation of the provision of diagnostic testing and EI services. By assisting with continuity of care, the NHSP anticipates a reduction in the number of Deaf/Hard of Hearing infants who are not identified early and thus are at risk for developmental delays. To achieve this outcome, education and technical support will be given to audiology and EI providers to enhance the reporting process. Modifications will also be made to the Neometrics data tracking system to collect complete, accurate, and valid data in a timely manner in accordance with EHDI Functional Standards, Goals 2-8. The NHSP will adhere to short, intermediate, and long-term outcomes expected by the CDC as indicated in the Funding Opportunity Announcement to be achieved by the end of the 3-year project period.

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The PHL expects to perform whole genome sequencing on all *Salmonella*, *Listeria*, and Shiga toxin-producing *E. coli* isolates within 4 days of receipt to maintain rapid detection of any foodborne outbreaks; lab results will be uploaded into the National PulseNet database within 2 business days. Rapid response (<15 min) to more than 800 after hours consultations will be maintained for >98% of the consultations. The Acute Disease Service has already investigated 129 infectious disease outbreaks during FY-18; many occurred in residential long term care facilities attributable to the seasonal influenza epidemic. More than 156,000 ELR reports have been received for surveillance classification and case management.

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- Conducted primary care needs analysis necessary to identify and secure 113 federal health professional shortage designations for geographic health service areas in Oklahoma
- Updated data and conducted analysis necessary to increase health professional shortage area scores for five community health centers
- Provided technical assistance to safety net providers and Tribal health facilities that resulted in the certification of 65 new certified and 41 recertified National Health Service Corps (NHSC) sites
- Conducted outreach and education for National Health Service Corps (NHSC) scholarship and loan opportunities that resulted in 32 new NHSC loan repayment awards of approximately \$1.6 million to health care providers serving in Oklahoma's health professional shortage areas

FY-18 projected

- Primary care needs analysis that identifies critical areas of health professional shortages
- Securing additional federal resources including loan repayment and scholarship awards for health care providers serving in health professional shortage areas

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FY-17

- *The Quitline provided tobacco cessation telephone counseling to 5,205 Oklahomans in FY17.
- * Provided 2 tobacco cessation treatment symposiums and 2 advanced motivational interviewing trainings. Also, provided 2 trainings for the County Health Departments.
- * Trained over 50 county health department staff members on tobacco treatment best practices.
- * During FY17, 13,731 fax referrals, 3,297 electronic referrals, and 998 online referrals were received by the Helpline from health professionals and health systems across the state.
- * There were 3,896 American Indians that utilized the OTH for tobacco cessation treatment.
- * Across all Helpline registrants, 94.9% reported overall satisfaction ratings of 'very, mostly or somewhat satisfied with Helpline services'.
- * Increased FQHC direct OTH referrals by 75%.
- * Implemented the 211 Heartline Pilot Project. The 211 project expanded to the ReachOut line. The ReachOut line serves callers with mental health and substance abuse needs. There were 239 of the 765 callers screened for tobacco use. Of those screened, 21.5% (51) identified as a tobacco user, and of those identified as tobacco users 69% (35) accepted a referral to the OTH.
- * 63% of 211 callers were screened for tobacco use and offered a referral to the OTH, and among the callers who used tobacco 12.7% were electronically referred to the OTH and 8.3% were directly transferred. Since the launch of the project, 279 211 callers were connected to the OTH.
- * During SFY17, a total of 35,079 tobacco users registered for services by calling the 1-800-QUITNOW telephone number, registering online or through referral from a healthcare provider.

FY-18 projected

- * Projected increase of 1% utilization of the OTH by American Indians and low SES populations.
- * Projected increase in FQHC referrals to the OTH due to the release of the RFP for one FQHC to implement health system change to incorporate evidence based practices.
- * Projected increase in county health department direct referrals to the OTH.
- * Projected increase in 211 direct referrals to the OTH.
- * Survey and assessment for nationwide Medicaid providers and assessment for all Oklahoma FQHCs.
- * Fully functional EMR bi-directional referral system within the Oklahoma City Indian Clinic.
- * Projected tobacco cessation telephone counseling for 5,309 Oklahomans.

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1) Provider referrals of patients with high blood pressure and at risk of developing Type 2 diabetes are being seen in local health departments. Patients are offered education on medication adherence, setting small, short term goals on healthy behaviors. 2) A pilot program was initiated in western OK; local health departments collaborated with their community hospitals to reduce readmissions and ED utilization. Patients discharged from the hospital are referred to the local health department for a one-time visit for care coordination - BP check, medication reconciliation/adherence education, nutrition counseling and lifestyle change behaviors. Patients are offered referrals to local health department programs on learning to manage their chronic disease. Preliminary results show patients with decreases in readmissions, ED utilization, weight loss and better BP management. Two large health systems in the state were approached for a partnership in offering similar services for their patients. 3) Diabetes Self-Management Education programs have been expanded in rural areas of the state, offered primarily through local health departments. 4) The Diabetes Caucus continues to meet with new Senate leadership - Sen. R. Thompson and Sen. F. Simpson now chair the Caucus. Through work of the stakeholders the OK Employee Group Insurance Division was presented information on return of investment for coverage of diabetes prevention programs for state employees. An Interim Study on the impact of Diabetes and Pre-Diabetes to Oklahomans of all ages was presented to the Senate Health and Human Services Committee. 5) Diabetes Prevention Programs have increased from 5 to 16 across the state.

In all, 159 school districts and 304,487 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 261 Early Childhood Educational Centers and 19,287 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 511 worksites across the state and 98,408 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

FY-18 projected

1) The SB250 report is due to Senate Pro Tempore and Speaker of the House in January 2019. The Diabetes Caucus will assist the OHCA and OSDH in identifying areas for improvement for Oklahomans affected by Diabetes. 2) The Diabetes Caucus has re-organized around a communication plan with specific goals and strategies to guide their work. Goals address provider education on screening, testing and referral; patient referrals and barriers/challenges to attending programs; reimbursement for both DSME and DPP from payors; and addressing the escalating incidence of Type 2 diabetes in OK youth. 3) New funding opportunities from CDC on reducing risk factors for heart disease, stroke prevention and diabetes will be announced early 2018. OSDH Center for Advancement of Wellness will be completing an application for grant funding to continue the work accomplished thus far. Through contracts and stakeholders from previous grants the Center has substantial support for innovative activities in communities adversely affected by chronic disease.

In all, 168 school districts and 261,891 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 338 Early Childhood Educational Centers and 24,485 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 746 worksites across the state and 120,351 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

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Campuses: 45 (applied) / 31 (certified)
Early Childhood Centers: 169 (applied) / 146 (certified)
Restaurants: 38 (applied) / 29 (certified)
Schools: 737 (applied) / 683 (certified)

FY-17

1) Provider referrals of patients with high blood pressure and at risk of developing Type 2 diabetes are being seen in local health departments. Patients are offered education on medication adherence, setting small, short term goals on healthy behaviors. 2) A pilot program was initiated in western OK; local health departments collaborated with their community hospitals to reduce readmissions and ED utilization. Patients discharged from the hospital are referred to the local health department for a one-time visit for care coordination - BP check, medication reconciliation/adherence education, nutrition counseling and lifestyle change behaviors. Patients are offered referrals to local health department programs on learning to manage their chronic disease. Preliminary results show patients with decreases in readmissions, ED utilization, weight loss and better BP management. Two large health systems in the state were approached for a partnership in offering similar services for their patients. 3) Diabetes Self-Management Education programs have been expanded in rural areas of the state, offered primarily through local health departments. 4) The Diabetes Caucus continues to meet with new Senate leadership - Sen. R. Thompson and Sen. F. Simpson now chair the Caucus. Through work of the stakeholders the OK Employee Group Insurance Division was presented information on return of investment for coverage of diabetes prevention programs for state employees. An Interim Study on the impact of Diabetes and Pre-Diabetes to Oklahomans of all ages was presented to the Senate Health and Human Services Committee. 5) Diabetes Prevention Programs have increased from 5 to 16 across the state. 6) Continue providing targeted technical assistance to Certified Healthy organizations on meeting standards for excellence. 7) Food Access trainings and technical assistance continue to be provided in local communities with identified stakeholders. 8) Targeted technical assistance was provided to Certified Healthy organizations on meeting standards for excellence. 9) Assess status of, and provide technical assistance on workplace wellness policies.

In all, 159 school districts and 304,487 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 261 Early Childhood Educational Centers and 19,287 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 511 worksites across the state and 98,408 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

In SFY-17, OSDH received 2,143 applications for the Certified Healthy Oklahoma program and certified 1,970 organizations.

Businesses: 835 (applied) / 754 (certified) with a reach of 140,606 people.

Campuses: 47 (applied) / 40 (certified) with a reach of 97,244 people.

Early Childhood Centers: 174 (applied) / 160 (certified) with a reach of 12,303 children.

Restaurants: 30 (applied) / 27 (certified) with a reach of 432,188 people.

Schools: 843 (applied) / 806 (certified) with a reach of 324,232 students.

FY-18 projected

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In all, 168 school districts and 261,891 students impacted by policies and practices improving the physical activity and nutrition profiles of schools. 338 Early Childhood Educational Centers and 24,485 children ages 0-5 impacted by policies and practices improving the nutritional and physical activity profiles of centers. 746 worksites across the state and 120,351 employees impacted by policies and practices that improve the nutritional and physical activity environments in those worksites.

In SFY-18, OSDH received 2,500 applications for the Certified Healthy Oklahoma program and certified 2,305 organizations.

Businesses: 956 (applied) / 864 (certified)

Campuses: 54 (applied) / 45 (certified)

Early Childhood Centers: 228 (applied) / 219 (certified)

Restaurants: 40 (applied) / 39 (certified)

Schools: 895 (applied) / 842 (certified)

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1) Provider referrals of patients with high blood pressure and at risk of developing Type 2 diabetes are being seen in local health departments. Patients are offered education on medication adherence, setting small, short term goals on healthy behaviors. 2) A pilot program was initiated in western OK; local health departments collaborated with their community hospitals to reduce readmissions and ED utilization. Patients discharged from the hospital are referred to the local health department for a one-time visit for care coordination - BP check, medication reconciliation/adherence education, nutrition counseling and lifestyle change behaviors. Patients are offered referrals to local health department programs on learning to manage their chronic disease. Preliminary results show patients with decreases in readmissions, ED utilization, weight loss and better BP management. Two large health systems in the state were approached for a partnership in offering similar services for their patients. 3) Diabetes Self-Management Education programs have been expanded in rural areas of the state, offered primarily through local health departments. 4) The Diabetes Caucus continues to meet with new Senate leadership - Sen. R. Thompson and Sen. F. Simpson now chair the Caucus. Through work of the stakeholders the OK Employee Group Insurance Division was presented information on return of investment for coverage of diabetes prevention programs for state employees. An Interim Study on the impact of Diabetes and Pre-Diabetes to Oklahomans of all ages was presented to the Senate Health and Human Services Committee. 5) Diabetes Prevention Programs have increased from 5 to 16 across the state. 6) Food Access trainings and technical assistance continue to be provided in local communities with identified stakeholders. 7) Continue providing targeted technical assistance to Certified Healthy organizations on meeting standards for excellence. 8) Assess status of and provide technical assistance on workplace wellness policies.

In all, 41 community locations that implemented nutrition and beverage standards and 119,879 citizens impacted by the change. 118 community venues that promote physical activity, and 183,096 citizens with access to opportunities for physical activity. 4 communities developed walking and pedestrian plans with 137,949 citizens impacted.

FY-18 projected

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- Increased the proportion of online health information seekers who report easily accessing health information.
 - Eliminated the county health department waiting list for women needing birth control, with 48 devices remaining. The birth control effectiveness flyer and social media campaigns provided information about the effectiveness of certain types of birth control while also serving as a platform for medical professionals and their patients to have an open conversation about the method that best suits their family planning needs.
 - Prescription Monitoring Program Education and Compliance: Prevented an increase in poisoning deaths.
 - The Cleveland County Health Department/Norman began providing services to families who enrolled in the WIC PLUS+ Pilot on March 1, 2016. From March 1, 2016 to December 5, 2017, 74 children* (infant to 3 years of age), were enrolled by their parents into WIC PLUS+. 157 WIC PLUS+ appointments* have been completed to date by the Child Development Specialist.
- FY-18 projected
- Reduce motor vehicle crash-related deaths.
 - Increase the proportion of State and local public health agencies that have implemented an agency-wide quality improvement process.
 - Prevent an increase in fall-related deaths.
 - Prevent an increase in poisoning deaths.
 - Establish, maintain, and promote a digital library for OSDH central office and county health department employees on the OSDH intranet site.
 - Offer and maintain cloud-based video conferencing system trainings for 100% of OSDH and county health department employees can be recorded and archived for instant access at any time, providing the most accurate and immediate public health information.
 - Maintain a comprehensive motor vehicle-related injury prevention program that includes implementation and support of child safety seat distribution and education programs.

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The Oklahoma Central Cancer Registry's clients include researchers, policymakers, and consumers to obtain incidence data. The Oklahoma Central Cancer Registry is the central database of information on all cancers diagnosed or treated in Oklahoma since January 1, 1997. Federal Public Law 102-515, Oklahoma Statute 63 OS 1-551, and Chapter 567 OSBDH Rules and Regulations require all healthcare and health service providers to report specific information on every cancer case. The Oklahoma Central Cancer Registry has received the gold certification from the North American Association of Central Cancer Registries(NAACCR). This certification is based on quality, completeness and timeliness of data collected for 1997- 2014.

Outcomes:

FY-16

Breast and Cervical Cancer Program (Take Charge!)

Draft patient navigation protocols were written to reflect existing resources. Staff participated in the Oklahoma Chronic Disease Alliance, which is comprised of healthcare organizations and an insurance group to update the Oklahoma State Cancer Plan. The draft Plan contains goals and objectives for increasing population-based breast and cervical cancer screenings and increasing human papilloma virus (HPV) vaccination rates. A patient reminder was mailed out during April- May 2016 to approximately 11,000 previous Take Charge! clients. Women were selected to receive the letter if they had not had a mammogram in two years or if they had not received a Pap test in five or more years. Outreach materials were disseminated to all of the Take Charge! contracted healthcare providers, Central and Western Oklahoma Susan G. Komen Foundation at the Oklahoma Dodgers "Pink Out" game, Kaw Nation Breast and Cervical Early Detection Program (BCCEDP) and Cherokee Nation BCCEDP to recruit women for services. A total of 2,556 women called to determine eligibility for Take Charge! services; 2,360 were eligible for services. Of these eligible women, 1,830 women were provided services by contracted healthcare providers. A new methodology and maps were developed to identify geographic areas of highest need. The maps identified that the southeastern part of Oklahoma had a high need for services. Southeastern Oklahoma falls into the tribal jurisdiction of the Choctaw Nation. Efforts were made to contract with the Choctaw Nation to provide screening services in southeastern Oklahoma. The highest need methodology was enhanced by utilizing different data sources (U.S. Census data) as compared to county level Behavioral Risk Factor Surveillance System (BRFSS) data in previous years. The new methodology highlighted geographic areas that were in need of screening services and outreach based on demographic and social factors to increase screening for breast and cervical cancer.

Comprehensive Cancer Program

A steering committee comprised of dedicated leaders committed to the success of the Oklahoma Comprehensive Cancer Program was maintained and met monthly. A Cancer Surveillance Coordinator and Administrative Program Manager were hired. The staff worked across the CDC 1205 project and in partnership with other chronic disease service programs. A shift was initiated from the cancer coalition to the Oklahoma Chronic Disease Alliance (OCDA). The shift to the OCDA was based on a comprehensive manner for reducing chronic disease by aligning groups, organizations, individuals and resources to work together. The OCDA is an adaption of the Chronic Disease Alliance of Kansas (CDAK). Vacancies of key staff (program coordinator, evaluator, and policy/systems/environment (PSE) expert) hampered the implementation of the Oklahoma Comprehensive Cancer Program.

Oklahoma Central Cancer Registry (OCCR)

The OCCR collaborated with faculty in the OU Health Sciences Center- College of Public Health on the publication: Campbell J, Janitz A, Pate A. Patterns of Care for Localized Breast Cancer in Oklahoma 2003-2006. Women Health. 2015; 55 (8):975-995. The OCCR collaborated with the OSDH Emergency Systems linking cancer data with emergency service calls from the OSDH's Oklahoma EMS Information Systems (OKEMIS) database and identifying patients who received Naxolone, an opioid antagonist. Oklahoma cancer data was utilized at an Evidence-Based Public Health training delivered to 44 participants consisting of a two-person team in December 2015. Oklahoma cancer data was also provided for educational purposes with 5 grantees working with disparate populations across the state. The OCCR participated in a pilot project of Virtual Pooled Registry through NAACCR which included linking Oklahoma cancer data with a cohort data set. The OCCR collaborated with the OUHSC-COPH and the CNCR in a linkage project to minimize racial misclassification and improve follow up information for the Cherokee Nation cases. The Surveillance Manager in collaboration with the Take Charge! Program developed a poster for the 2016 NAACCR Annual Conference title "Descriptive Epidemiology of Breast Cancers among Take Charge! Screenings, Oklahoma, 2004-2013." The OCCR collaborated with the OFMQ to improve early detection and referral of Oklahoma pediatric cancer patients in border communities and helped facilitate electronic data submission to the OCCR. A new protocol for the death clearance process helped achieve NAACCR gold status for the death clearance indicator (DCO < 3%). A database of all Oklahoma nursing homes was developed and used for linking to the listed facility on the patient death certificate.

FY-17

Breast and Cervical Cancer Program (Take Charge!)

Program staff participated in a CDC site visit in August 2016. Technical assistance was provided to the Susan G. Komen Central and Western affiliate regarding evidence-based breast and cervical cancer interventions. The evidence-based interventions were included in the recent requirements for the Susan G. Komen Central and Western Affiliate's request for proposals. Staff in collaboration with the OSDH District Nurse Managers, county health department staff, and Oklahoma Department of Mental Health and Substance Abuse Services Wellness Champions implemented campaign to promote the Take Charge! program. Take Charge! postcards were handed to women identified to be in need of breast and cervical cancer services and would meet the program guidelines. Staff worked with the Advancement of Wellness Advisory Council to increase awareness of screening benefits. The Council members suggested the following: high presence on social media, move to an electronic eligibility and data collection system, and direct mail especially for women living in rural. A pilot project is currently under development to collaborate with the Oklahoma Health Care Authority (OHCA) to assist with increasing screening numbers for the Take Charge! program. The pilot project is modeled after a similar project that Maine BCEDP has with its Medicaid office. Two public services announcements (PSA) were written and distributed through the OSDH Office of Communications. The PSAs were aimed at providing education, increasing awareness of screening guidelines, and encouraging participation in the Take Charge! program. A total of 2,809 women were eligible for services through Take Charge! Of these eligible women, 2,083 women were provided services using only federal funds in FY 2017.

Comprehensive Cancer Program

Program staff participated in a CDC site visit in August 2016. Technical assistance was provided to the Susan G. Komen Central and Western affiliate regarding evidence-based breast and cervical cancer interventions. The evidence-based interventions were included in the recent requirements for the Susan G. Komen Central and Western Affiliate's request for proposals. Staff in collaboration with the OSDH District Nurse Managers, county health department staff, and Oklahoma Department of Mental Health and Substance Abuse Services Wellness Champions implemented campaign to promote the Take Charge! program. Take Charge! postcards were handed to women identified to be in need of breast and cervical cancer services and would meet the program guidelines. Staff worked with the Advancement of Wellness Advisory Council to increase awareness of screening benefits. The Council members suggested the following: high presence on social media, move to an electronic eligibility and data collection system, and direct mail especially for women living in rural. A pilot project is currently under development to collaborate with the Oklahoma Health Care Authority (OHCA) to assist with increasing screening numbers for the Take Charge! program. The pilot project is modeled after a similar project that Maine BCEDP has with its Medicaid office. Two public services announcements (PSA) were written and distributed through the OSDH Office of Communications. The PSAs were aimed at providing education, increasing awareness of screening guidelines, and encouraging participation in the Take Charge! program. A total of 2,809 women were eligible for services through Take Charge! Of these eligible women, 2,083 women were provided services using only federal funds in FY 2017.

Comprehensive Cancer Program

The Oklahoma Comprehensive Cancer Network shifted to a new approach to prevent and control cancer by bringing professionals and organizations fighting chronic diseases and conditions together to comprise the Oklahoma Chronic Disease Alliance (OCDA). The OCDA represents a shift away from a single agency, organization, or group of professionals focused solely on cancer to one of a unified desire to prevent and control cancer while partnering with colleagues pursuing the prevention and control of other leading chronic diseases and related risk factors in Oklahoma. The Steering Committee revised the Oklahoma State Cancer Plan. The following data publications or reports were developed to guide coalition decision-making and update the Oklahoma State Cancer Plan: Cancers by Age-Adjusted Incidence and Mortality Rates for Specific Cancer Sites, Oklahoma 2013 and 2014, Age-Adjusted Incidence and Mortality Rates for breast, cervical, colorectal, and lung cancers, High need areas modeled maps for high-risk populations by sociodemographic factors for breast, cervical, and colorectal cancer. The American Cancer Society (ACS) conducted 2 continuing medical education programs in 2017. Two HPV Summits were held in Oklahoma City and Tulsa. The summits targeted key stakeholders and providers involved in adolescent vaccination efforts in each community, e.g., FQHCs, primary care healthcare professionals. The purposes of the summits were to increase awareness about HPV and to provide evidence-based interventions to healthcare providers to increase screening. The ACS, America Lung Association (ALA), Oklahoma City County Health Department (OCCHD), and others partnered with Blue Cross/Blue Shield Oklahoma in an anti-tobacco day learning experience for K-5th graders from Oklahoma public and private schools. Approximately 3,000 students, parents, and chaperones were educated with anti-tobacco messages and displays on healthy living practices.

Oklahoma Central Cancer Registry

The OCCR data was used in the International Incidence of Childhood Cancer (IICC) collaborative project of the International Agency for Research on Cancer (IARC) with the objective to disseminate data on incidence of cancer among children around the world through the publication of a monograph, the third volume in the IICC series. The OCCR collaborated on and provided data for the publication of ten articles covering cancer epidemiology and survival in Oklahoma. They were published in a special cancer edition of The Journal of the Oklahoma State Medical Association (OSMA) 2016; 109 (7/8). The OCCR hosted a 1.5 day statewide training, AJCC TNM 7th Edition and SEER Summary Stage 2000, available for all Oklahoma cancer reporters. The OCCR with the OMES formed a work group to initiate receiving messages via the messaging system for Meaningful Use Stage 2. The Oklahoma Cancer Burden report was drafted and included Oklahoma cancer trends for cancer sites: breast, cervical, colorectal, lung and bronchus and prostate for patients diagnosed up to 2013. The OCCR participated in a site visit from the NPCR-CDC Project Officer, which included presentations detailing OCCR successes, challenges, data use, collaborative relationships and advanced OCCR activities. Two abstracts for poster presentations were accepted and presented at the 2017 NAACCR Annual Conference.

FY-18 projected

Breast and Cervical Cancer Program (Take Charge!)

Take Charge! is collaborating with the Oklahoma City Housing Authority and the Urban League of Greater Oklahoma City (Urban League), along with the Cherokee Nation and Kaw Nation Breast and Cervical Cancer Early Detection Programs (BCCEDP) to promote breast and cervical cancer screening and increase access to services. Multiple efforts have occurred to recruit contractors to include collaboration with the Oklahoma Primary Care Association, American Cancer Society (ACS), and the OSDH Center for Health Innovation and Effectiveness. Take Charge! is collaborating with the Oklahoma Comprehensive Cancer Program (OCCP), Oklahoma Central Cancer Registry (OCCR), OSDH Immunization Services' Assessment, Feedback, Incentives, and eXchange (AFIX) team, and ACS to help increase Human Papillomavirus (HPV) vaccination rates across Oklahoma. Take Charge! is working to obtain contact information for individuals who have been previously denied Medicaid services. Once the data is available, Take Charge! staff will mail a letter and an eligibility form to the identified women. We anticipate beginning the pilot project in April 2018. Take Charge! participated in multiple breast cancer group events with Susan G. Komen® Central and Western Oklahoma Affiliate, Oklahoma Project Woman, and other community organizations. In October and November 2017, Take Charge! participated in the Susan G. Komen® Oklahoma City Race for the Cure and gave a live television interview on FOX25's Living Oklahoma segment to promote awareness and provide breast cancer education. As of December 2017, 698 women have received a mammogram, clinical breast exam, pap test, HPV test or diagnostic services; 463 women received a mammogram or other breast diagnostic services; and 445 received pap test, HPV test or other cervical diagnostic services. The FY18 goal is to reach 2,200 women.

Comprehensive Cancer Program

The Oklahoma Comprehensive Cancer Control Program (OCCCP) has focused on reinvigorating the partnerships with members of the Oklahoma Comprehensive Cancer Network (OCCN) via biweekly meetings of the steering committee comprised of OSDH, American Cancer Society and Oklahoma Hospital Association (OHA). The OCCN is strengthening the partnership with the Oklahoma Strategic Tribal Alliance for Health (OSTAH) formerly known as the Cherokee Nation Comprehensive Cancer Program by attending each organization's respective meetings, leveraging resources and presenting a united front in the battle against cancer as well as advising one another on details of their respective cancer plans. The OCCN continues to engage new stakeholders and increase its capacity to address policies, environments and systems that impact cancer prevention and control. One major accomplishment has been that the OCCCP, Take Charge!, and OSDH Immunization Service areas have worked together to present unified messages to providers, external partners, and internal stakeholders to ensure the entirety of the message between these three program areas is shared as often as possible. The OCCCP is currently working with the OSDH Immunization Service to identify potential contractors for the OCCCP HPV contract. The Cancer Prevention and Control Leadership Team (CPCLT) has been regularly meeting and submitted a state leadership plan to the CDC, which has been touted as the standard for other states' leadership plans.

Oklahoma Central Cancer Registry

The OCCR Advisory Committee continues enhance registry operations to meet national standards set by the CDC, National Program of Cancer registries (NPCR) and National American Association of Central Cancer registries (NAACCR). The OCCR will continue to collaborate with the Advisory Committee members to identify ways to improve the usability of the data, develop effective partnerships and increase awareness of registry activities. In response to a pediatric cancer cluster inquiry from Cherokee County (2017-3), which included legislative and media inquiries, the OCCR has worked closely with OSDH partners to convene a stakeholder group. The stakeholder group includes Oklahoma policy makers, Cherokee Nation Cancer Registry, a pediatric oncologist and a cancer advisory member. A meeting was held in early February 2018 in which the OCCR presented the assessment findings and further educated on the cancer cluster definition and processes. A clean, error free NAACCR file was submitted for cases diagnosed in 1997-2015 to NPCR-CDC in November 2017. The 2016 cases included in submission are preliminary; therefore, OCCR staff continued to collect cases diagnosed in 2016. A clean, error free NAACCR file which included updated cases diagnosed in 2016 was prepared and submitted to NPCR-CDC in January 2018. Prior to the call for data submission, a data exchange was completed with other central registries (including the Cherokee Nation Cancer Registry). The OCCR are participants of the NAACCR National Interstate Data Exchange Agreement System (N-IDEAS). All data exchange files were prepared in the recommended NPCR-CDC format and passed >99% edits prior to the exchange. Facilities continue to employ Web Plus for uploading or on-line abstracting, grant requirement deadlines and to achieve high data quality which requires using a Secure Sockets Layer (SSL) secure website. All submitted data must meet the set threshold of 100% passing CDC-NPCR required edits; hence, all facilities submit data in accordance with the NPCR specifications and standards. All hospitals reporting to the OCCR submit data electronically. Ninety-four percent of non-hospital reporting sources submit cases electronically. The OCCR completed a linkage with the IHS in November 2017 and updated the main database with the results. A linkage with the Social Security Death Index (SSDI) for patients diagnosed from 1997 through 2015 was conducted. The SSDI results were updated in the main database. The OCCR submitted a data file to NPCR-CSS that met the minimum requirements for publication in the United States Cancer Statistics. The CSC responds to data requests from the general public, public health professionals, hospital registries, not-for-profit organizations, and multiple forms of media. There are on average 2-3 of these requests per month. The OCCR is currently working to develop a high need map of Oklahoma for directed colorectal cancer screening using late stage colorectal cancer diagnosis and risk factors (such as age and poverty levels) at the census tract level.

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	Ryan White	Total	ISD Data Processing	TOTAL
<u>FTE:</u>	9.55	9.55		9.55
<u>Program Breakdown by Fund:</u>				
State	-	-		
Federal	22,062,510	-	146,055	22,208,565
Revolving	-	-	-	-
TOTAL	22,062,510	-	146,055	22,208,565
<u>Program Breakdown by Items of Cost:</u>				
Program Reimbursements / Assistance	146,055	-	146,055	146,055
Salaries & Benefits	1,097,301	-	1,097,301	1,097,301
Travel	15,999	-	15,999	15,999
Other Operating Costs	20,949,210	-	20,949,210	20,949,210
	22,208,565	-	22,208,565	22,208,565
<u>Revenue Generated:</u>				
<u>Clients Served:</u>				
Low income Oklahomans who are HIV-infected.				
<u>Outcomes:</u>				
FY-16				
2,047 clients enrolled; 1,966 clients served. These clients received one or more of the following: medications, insurance premiums, co-pay assistance, case management, dental services, laboratory services, transportation services, and mental health and substance abuse services. The Ryan White Program paid 10,537 insurance premiums, purchased 7,861 drug prescriptions, and paid 29,157 prescription copays.				
FY-17				
2,164 clients enrolled. Data for clients served not yet available.				
FY-18 projected				
2200 clients enrolled. 2000 clients served.				

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At least 85% of newly diagnosed HIV cases in 2018 will have a CD4 or viral load test performed and results reported within 12 months of original diagnosis. At least 95% of all HIV/AIDS cases diagnosed in Oklahoma in 2018 are reported through routine surveillance, prior to identification by a death certificate cross match. At least 85% of cases reported in 2018 will have an identified HIV risk factor within 12 months of the initial report date. Oklahoma will distribute materials on the importance of risk factor reporting to Oklahoma facilities with high HIV reporting rates. Achieve <5% duplicates in eHARS surveillance system, which will be assessed monthly. At least 85% of Oklahoma cases will have an AIDS Case Report Form completed within 3 months of diagnosis date. At least 60% of persons with a new diagnosis of HIV/AIDS, who are age 13 years or older, will have an initial CD4 count reported to the national HIV/AIDS surveillance system, no later than 12 months after diagnosis. At least 85% of cases diagnosed in the prior year will have been reported to Oklahoma. The SAS programs distributed by the CDC will be used to evaluate completeness. An HIV Epidemiological (Epi) Profile Update in a user-friendly format will be created and will be evaluated for ease of use by the Oklahoma HIV & Hepatitis C Planning Council (OHHPC).

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Ensure at least 75% of females 15-24 years of age enrolled in Medicaid and Title X family planning clinics are screened annually for Chlamydia. Conduct 2 STI Academies to expand public health nurse training. Investigate and provide partner services to all reported cases of syphilis and HIV and follow-up and test their sex and needle sharing partners. Collect surveillance data on all cases of chlamydia, gonorrhea, syphilis, and HIV. Contact each lab identified as reporting gonorrhea during 2016 and determine ability to detect antibiotic resistant infections. Reduce the number of congenital syphilis cases in Oklahoma. Provide 13.5% of overall award to the Public Health Lab to support expanded chlamydia testing at no cost to clients. Ensure at least 85% of MSM seen at each Ryan White Part B clinics receive syphilis and rectal gonorrhea screening at least annually. Achieve a disease intervention index of 0.70 for primary & secondary syphilis. Increase the proportion of clients co-infected with HIV and syphilis and/or gonorrhea interviewed within 14 days and linked to HIV medical care within 90 days. Achieve 100% follow-up rate of all suspected or probable cephalosporin-resistant *N. gonorrhoeae*. Quarterly review and revise website content to provide the most recent epidemiological data for chlamydia, gonorrhea, syphilis, HIV, hepatitis B, and hepatitis C.

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NPDG Reports Submitted: 111; Surveyors and Staff Supported: 200; QA Projects: 5; MDS Trainings: 12; MDS Training Participants: 486; MDS Helpdesk Contacts: 959; OASIS Trainings: 2; OASIS Training Participants: 179; OASIS HelpDesk Contacts: 450

FY-18 projected

NPDG Reports Submitted: 130; Surveyors and Staff Supported: 180; QA Projects: 2; MDS Trainings: 12; MDS Training Participants: 500; MDS Helpdesk Contacts: 1,000; OASIS Trainings: 2; OASIS Training Participants: 194; OASIS HelpDesk Contacts: 436

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3 New partnerships with tribal nations & tribal serving entities; 1 New or enhanced OSDH AI policies, procedures, protocols, or products; 2 County health administrators establish new partnerships with tribal nations or tribal serving entities; 90% of 7th Generation Conference tribal committee members express collaboration satisfaction; 65% OSDH employees indicate increase in knowledge & skills after training; 50% of OSDH program managers indicate desire to include AI initiatives in their work; 15 Tribal & external key stakeholders request OSDH & OTL for collaboration or assistance; 72 OSDH employees request OTL & OTL mentee- colleagues for collaboration or assistance; 6 Abstracts accepted for peer reviewed journals or state/national conferences; 3 Knowledge translation products created

FY-18 projected

Increase mutual understanding among Tribal Nations & OSDH to inform American Indian (AI) health decisions; - 85% of Tribal Public Health Advisory Committee (TPHAC) members express mutual understanding & collaboration satisfaction with OSDH; Collaborative efforts among Tribal Nations, community partners, & OSDH that are mutually beneficial - 4 Tribal Nations or tribal serving entities collaborate with OSDH on public health initiatives; Communication, knowledge dissemination & awareness that OTL & OSDH exist as trusted resources - 75% of internal & external customers indicate OSDH provides open communication & is a good role model for tribal-state collaborations; Increased Cultural intelligence knowledge & skills within OSDH workforce - 65% of internal customers who sought consultation on how to effectively collaborate with Tribal Nations indicate increase in knowledge & skills

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State Funds: Development and implementation of the Health360 Obesity initiative. Through this project a master compendium was developed that listed the obesity prevention and treatment projects/programs with the strongest evidence base. Through this process over 90 programs were identified and scored for the strength of evidence, reach of project, and proven impact on disparate populations. Programs and projects from over 10 state agencies whose work impacts obesity were then evaluated and compared to the master compendium to find duplications and potential areas for increased efficiencies in projects related to obesity. In all nearly 100 projects were evaluated, and agencies were then consulted to find and develop plans moving forward to focus on the most cost effective ways to prevent and treat obesity moving forward.

FY-18 projected

To date in FY-18, OSDH has responded to 283 requests from TSET grantees for technical assistance and intensive consultation from subject matter experts in the areas of tobacco control, physical activity, nutrition and sector-based wellness. OSDH has reviewed and provided guidance on 767 local wellness policies as well as developed county health profiles for all 77 counties to support planning and implementation of local wellness initiatives. To date, OSDH has coordinated 9 training events for the TSET HLP grantees and developed 2 wellness toolkits.

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The Injury Prevention Service worked closely with the Office of Management and Enterprise Services to streamline the process of data transfer from the OBNDDC to the Injury Prevention Service. In previous years, this process often took six months or more to have data transferred from one server to another. In FY18, data transfer time has been minimal (sometimes within 24 hours or less). This has greatly increased the availability of timely data for cleaning, analysis, and reporting, which allows for more and better information for the public and providers. In addition, PMP data will be used in county-level opioid fact sheets to support prevention efforts by increasing access to local-level data. To date, the Injury Prevention Service has responded to 41 data requests, 14 requests for a total of more than 26,000 copies of printed educational materials, 8 media requests, and 12 presentations to 226 individuals regarding prescription drug overdose and prevention efforts.

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	HIT - Meaningful Use						ISD Data Processing	TOTAL
						Total		
FTE:	5.70					5.70		5.70
<u>Program Breakdown by Fund:</u>								
State		372,684				372,684		372,684
Federal	510,000	-	-			510,000	2,843,256	3,353,256
Revolving	-	-	-			-		-
TOTAL	510,000	372,684	-	-	-	882,684	2,843,256	3,725,940
<u>Program Breakdown by Items of Cost:</u>								
Program Reimbursements / Assistance	2,843,256	-	-			2,843,256		2,843,256
Salaries & Benefits	174,050	-	-			174,050		174,050
Travel	10,000	-	-			10,000		10,000
Other Operating Costs	325,950	-	-			325,950		325,950
	3,353,256	-	-	-	-	3,353,256	-	3,353,256
<u>Revenue Generated:</u>								
Clients Served:	All citizen							
All citizen								
Outcomes:	FY-16							
FY-16	Implemented the Health-e Oklahoma enterprise Master Person Index (eMPI) including person identifying demographic data from 18 public health data systems, Medicaid, and behavioral health.							
FY-17	Began development of the data process for receiving standardized HL7 VXU messages containing immunization data. Created Oklahoma Message Store to store incoming messages and metadata. Developed process for decrementing vaccine inventory when receiving messages from VFC providers. Begin quality testing of data routes. Began testing messages with Integris Health and EPIC EHR vendor. Began development of onboarding process for providers meeting Meaningful Use requirements. Work with SmartStart to begin planning of the Oklahoma Child and Adolescent Record (OK CAR).							
FY-18 projected	Finalize data process for receiving standardized HL7 VXU messages containing immunization data. Complete testing of immunization message routes, data quality, and consumption of immunization data into OSIIIS. Develop Immunization Meaningful Use Team processes and documentation; and test and finalize registration and onboarding process, including initial format testing, data quality testing, and OSIIIS process testing. Implement pilot with Integris VFC healthcare provider to submit immunization messages for 120 days. Begin and continue to develop of bi-directional messaging to provide evaluated immunization history and forecast upon request from providers. Develop and finalize the Master Virtual Person (MVP) for localized data linkages and deduplication within data systems. Begin planning for Provider Registry to contain all healthcare, behavioral health, and allied health care providers. Continue work with SmartStart and the DISCUSS Data Subcommittee in the planning of the OK CAR.							

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1. Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74% in 2019.
2. Reduce heart disease deaths by 11% by 2020
3. Reduce by 20% the rate, per 100,000 Oklahomans, of potentially preventable hospitalizations from 1656 in 2013 to 1324.8 by 2020 (2019 data).
4. Increase the percentage of health care access for citizens within designated Primary Care Health Professional Shortage Areas (HSPA) from 64% in 2014 to 74% by 2019. (Update 2015: 68.51%)
5. Create a system of outcome driven healthcare that supports patients and healthcare providers in making decisions that promote health by emphasizing preventive and primary care and the appropriate use of acute care facilities.

NOTES:

1. The CHIE budget reflects the FTE in red that it should be currently funded with vacancies included. I did verify this with HR.
2. The CHIE budget encompasses money in contracts that is remaining because we cancelled contracts per our current financial situation. It does not reflect that which was spent already in those contracts already in FFY18.
3. There is not a tab for the Uncompensated Care Fund that no longer exists at this time, however there were funds spent in FY18 and should be noted if we are only looking at this as the FY18 snapshot, not a projection. An UCF tab has been added to this template.
4. Primary Care Office had significant work happening in CHIE around many areas in health care, and thus was/is expending more state resources than what is allowed in the federal grant we receive in order to designate shortage areas and to assist with attaining federal resources. As you will also note, we are bringing in more funding to the state than we outspend in resources – the remaining staff are captured in the state CHIE budget to do this work.

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Oklahoma & Community Health Improvement Plans (OHIP & CHIPs): Approximately 30,000 Oklahomans were either referred by their healthcare provider or contacted the Oklahoma Tobacco Helpline for services and tobacco cessation services for Oklahomans with low socioeconomic status and living below the poverty line increased through Heartline 211, Reachout Tulsa, and increased capacity of health systems across Oklahoma. The 2017 Certified Healthy Oklahoma application period closed on Nov. 1st with an almost 19% in the overall number of applications compared to 2016. While every Certified Healthy OK program saw more applications this year, congregations experienced the largest increase exceeding the 2016 submissions by 72%. OSDH was awarded a new Maternal, Infant and Early Childhood Home Visiting "INNOVATION" Grant Award. Partnership engagement with OSU Rural Health, Oklahoma Hospital Association, Blue Cross Blue Sheild of Oklahoma and Public Health Institute of Oklahoma. Completion of 4 Community Health Assessments (CHAs) for Pittsburg, Bryan, Muskogee and Payne Counties. Completion of 1 Community Health Improvement Plan (CHIP) for Comanche county. Provide technical assistance and support to over 70 community coalitions across state. Provided technical assistance and support to Certified Healthy Oklahoma program, CDC 1422, and community hospital needs assessments. Facilitated the Workforce Investment Opportunity Act (WIOA) Planning Regions Roundtable Discussion at Annual Oklahoma Works Conference. Assisted with the development and coordination of the Annual Turning Point Conference & Policy Day with 405 attendees.

FY-18 projected

Oklahoma & Community Health Improvement Plans (OHIP & CHIPs): Decreased teen births by over 50%. Infant mortality has decreased by 8.6% in last two years. An overall immunization compliance of 94.5%. Developed official statewide partnerships to provide funds, training, and resources for Coordinated School Health (WSCC) to school districts across the state. Provide technical assistance and support to over 70 community coalitions across state. Provided technical assistance and support to Certified Healthy Oklahoma program, CDC 1422, and community hospital needs assessments. Partnership engagement with OUHSC College of Public Health, Oklahoma Alliance for YMCAs, and Alzheimer's Association, Oklahoma Chapter. Completed statewide Health Impact Assessment (HIA) on Four Day School Week and Impact on Academic Performance, Food Insecurity, and Juvenile Crime. Facilitated the Health 360 Stakeholder Meeting. Assisted with the development and coordination of the Annual Turning Point Conference & Policy Day with 365 attendees.

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FY18 - ONLY Snapshot of current

Oklahoma State Department of Health
Information for FY-19 Budget Hearings (FY-19 Detail)